

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE RI 02908-5812

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CERTIFICATE OF GOOD STANDING APPLICATION FOR A LIQUOR LICENSE RENEWAL

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TAXPAYER NAME	
DBA	
ADDRESS	
CITY, STATE, ZIP	

A CERTIFICATE OF GOOD STANDING IS REQUIRED FOR YOU TO RENEW YOUR LIQUOR LICENSE. SINCE THESE REQUESTS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS, FAILURE TO COMPLETE THE APPLICATION PROPERLY COULD RESULT IN DELAYS WHICH ARE UNNECESSARY.

>>NOTE: ANY OUTSTANDING TAXES MUST BE PAID BY CERTIFIED CHECK, MONEY ORDER OR CASH PRIOR TO ISSUANCE OF CERTIFICATE.

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COMPLETE ALL OF THE FOLLOWING:

APPLICATION DATE: \_\_\_\_\_ FEDERAL ID \_\_\_\_\_

BUSINESS TYPE: SOLE OWNER \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU HAVE EMPLOYEES? YES \_\_\_\_\_ NO \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

DO YOU LEASE EMPLOYEES? YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF COMPANY \_\_\_\_\_

SS NUMBER(S) OF OWNER / PARTNERS: \_\_\_\_\_

TELEPHONE NUMBER(S) : HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

PRINT NAME OF RESPONSIBLE PERSON \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PERSON \_\_\_\_\_

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OFFICE USE ONLY

SALES AND USE TAX DEL \_\_\_\_\_ A/R \_\_\_\_\_  
(INCLUDING LOCAL MEAL/BEVERAGE)

WITHHOLDING TAX DEL \_\_\_\_\_ A/R \_\_\_\_\_

PERSONAL INCOME TAX \_\_\_\_\_ A/R \_\_\_\_\_

CORPORATE TAX DEL. \_\_\_\_\_ A/R \_\_\_\_\_

LITTER \_\_\_\_\_ SALES RENEWAL \_\_\_\_\_ CIG \_\_\_\_\_ HOTEL \_\_\_\_\_ RET CK \_\_\_\_\_

DET: \_\_\_\_\_ REMARKS \_\_\_\_\_

REVENUE OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

CLEARANCE AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_